

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM HCO-375)**

SERIAL NO.

D9 648 540  
APPLICANT(S)

FILING DATE

8-28-0

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	8					
TOTAL DEP.	10					
TOTAL CLAIMS	18					

	IND.		DEP.		IND.		DEP.	
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